

DURABLE POWER OF ATTORNEY

I, Danny Wayne Parham, of 904 Cardinal Lane, Hernando, Desoto County, Mississippi, appoint Janice L. Ash, my sister, as my attorney-in-fact, in my name, place and stead, and for the use and benefit: to act in my behalf to do every act that I may legally do through an attorney-in-fact.

This durable power of attorney shall not be affected by any disability on my part, except as provided by the statutes of Mississippi. The power conferred on my attorney-in-fact by this instrument shall be exercisable from date of incapacity, unless otherwise provided by the statutes of Mississippi.

All acts done by my attorney-in-fact pursuant to the power conferred by this durable power of attorney during any period of my disability or incompetence shall have the same effect and inure to the benefit of and bind me or my heirs, devisees and personal representatives as if I were competent and not disabled.

This durable power of attorney shall be nondelegable and shall be valid until such time as I die or revoke this power.

*RETURN TO:
6192 GARDEN COVE
MEMPHIS, TN 38134


DANNY WAYNE PARHAM

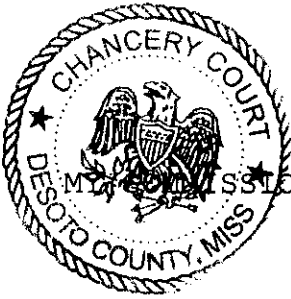
Prepared by the office of ATT. STANLEY LITTLE
PHONE 662-429-8406
2525 CAFEY ST.
HERNANDO, MS 38632

STATE OF MISSISSIPPI
COUNTY OF DeSoto

Before me, the undersigned authority in and for the State and County aforesaid, this day personally appeared the within named, Danny Wayne Parham, who acknowledged that he signed and delivered the within and foregoing instrument on the day and year of its date and for the purpose and consideration stated therein as his voluntary act and deed.

Given under my hand and official seal of office, this the 18th day of August, 2009.

W. E. Davis, Chancery Clerk
NOTARY PUBLIC
By J. Simon D.C.



MY COMMISSION EXPIRES: Jan. 2, 2012

Part 1

POWER OF ATTORNEY FOR HEALTH CARE

- (1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health-care decisions for me:

Janice L. Ash
6192 Garden Cove
Memphis, Tennessee 38134

If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health-care decision for me, I designate as my first alternate agent:

Effie J. Parham
6192 Garden Cove
Memphis, Tennessee 38134

- (2) AGENT'S AUTHORITY: My agent is authorized to make all health-care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration, and all other forms of health care to keep me alive, except as I state here:

-
- (3) WHEN AGENT'S AUTHORITY BECOME EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health-care decisions unless I mark the following box. If I mark this box (☐) , my agent's authority to make health-care decisions for me takes effect immediately.
- (4) AGENT'S OBLIGATION: My agent shall make health-care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health-care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall

consider my personal values to the extent known to my agent.

- (5) **NOMINATION OF GUARDIAN:** If a guardian of my person needs to be appointed for me by a court, I nominate the alternate agents whom I have named, in the order designated.

Part 2

INSTRUCTIONS FOR HEALTH CARE

- (6) **END-OF-LIFE DECISIONS:** I direct that my health-care providers and other involved in my care, withhold or withdraw treatment in accordance with the choice I have marked below:

☒ (a) Choice Not to Prolong Life

I do not want my life to be prolonged if (i) I have an incurable and irreversible condition that will result in my death within a relatively short time, (ii) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (iii) the likely risks and burdens of treatment would outweigh the expected benefits, or

☐ (b) Choice to Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health-care standards.

- (7) **ARTIFICIAL NUTRITION AND HYDRATION:** Artificial nutrition and hydration must be provided, withheld or withdrawn in accordance with the choice I have made in paragraph (6) unless I mark the following box. If I mark this box ☐, artificial nutrition and hydration must be provided regardless of my condition and regardless of the choice I have made in paragraph (6).
- (8) **RELIEF FROM PAIN:** Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:
-

(9) OTHER WISHES: I direct that:

 _____.

Part 3

Primary Physician

(10) I designate the following physician as my primary physician:

(11) EFFECT OF COPY: A copy of this form has the same effect as the original.

(12) SIGNATURES: Sign and date the form here:

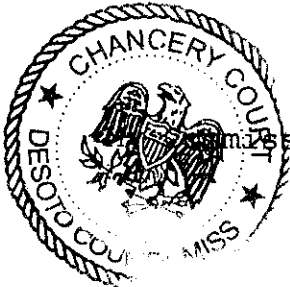
8-18-2009
 Date

Danny Wayne Parham
 Signature

STATE OF MISSISSIPPI
 COUNTY OF DESOTO

Before me, the undersigned authority in and for the State and County aforesaid, this day personally appeared the within named, Danny Wayne Parham, who acknowledged that he signed and delivered the within and foregoing instrument on the day and year of its date and for the purpose and consideration stated therein as his voluntary act and deed.

Given under my hand and official seal of office, this the 18th day of August, 2009.



W. E. Davis, Chancery Clerk
 NOTARY PUBLIC

By J. Davis Sec.

Commission Expires: Jan. 2, 2012